

FCC Appeal Date: 11/16/2015

DOCKET NUMBER: CC Docket No. 02-6

E-RATE Applicant Billed Entity Number: 131931 PELLA PUBLIC LIBRARY

Contact Information: Christopher Brown
603 Main St.
Pella, IA 50219
641-628-4268
cbrown@cityofpella.com

Problem and reason for appeal: Service provider twice failed to certify, causing BEAR funding requests for FY 14-15 to be denied and causing deadline for requesting and receiving BEAR funds to expire. We are now unable to request reimbursement for BEAR funds even though the service provider is finally certified.

Relief sought through this appeal: We request an extension of the BEAR application deadline so that we may successfully request reimbursement of BEAR funds for FY 14-15.

FCC Form 472
**DO NOT STAPLE THIS
 FORM**

Do not write in this space.

Approved by OMB
 OMB Control No. 3060 - 0856
 Estimated time per Response: 1.0
 hours

Universal Service for Schools and Libraries

Please read instructions
 before completing.

(To be completed by schools,
 libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference)	FCC Form 472 Invoice # (To be inserted by administrator) 2202054
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BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	PELLA PUBLIC LIBRARY
2. Billed Entity Number	131931
3. Service Provider Identification Number (SPIN)	143009917
4. Contact Name	Christopher Brown

5. Contact Telephone Number	641- 6284268 ext 15
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$552.84

Approved by OMB
OMB Control No.3060 - 0856
Estimated time per Response: 1.0 hours

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name PELLA PUBLIC LIBRARY Billed Entity Number 131931
Contact Name Christopher Brown Contact Telephone Number 641-628426815
Applicant Form Identifier

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	944824	2573116			6/30/2015	\$1,105.68	50.00	\$552.84
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)								\$552.84

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name PELLA PUBLIC LIBRARY

Billed Entity Number 131931

Contact Name Christopher Brown

Applicant Form Identifier

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person **Signed electronically by CHRISTOPHER BROWN**

16. Date **7/6/2015**

17. Printed name of authorized person **CHRISTOPHER BROWN**

18. Title or position of authorized person **ASSISTANT LIBRARY DIRECTOR**

19. Telephone number of authorized person **641- 6284268**

20. Address of authorized person **603 MAIN ST, PELLA IA 50219**

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name PELLA PUBLIC LIBRARY

Billed Entity Number 131931

Contact Name Christopher Brown

Applicant Form Identifier

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)

22. Date

23. Printed name of authorized person

24. Title or position of authorized person

25. Telephone number of authorized person -

26. Address of authorized person

27. Applicant Remittance Information

Name **Christopher Brown**

Title **Assistant Library Director**

Street Address

603 Main St

Pella, IA 50219

Approved by OMB
OMB Control No.3060 - 0856
Estimated time per Response: 1.0 hours

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR FCC Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

Page 5 of 5

FCC Form 472

July 2013



Schools and Libraries Division

Form 472 (BEAR) Notification Letter

October 2, 2015

Steve Norris
Local Internet Service Company
1680 Hwy 1 Ste 1500
Fairfield, IA 52556

*Rejected
10/2/15*

Re: Invoice Number - as assigned by USAC: 2202054
Service Provider Identification Number: 143009917
Reimbursement Form Number:
Billed Entity Number: 131931

Christopher Brown
PELLA PUBLIC LIBRARY
603 MAIN STREET
PELLA, IA 50219

Preferred Mode of Contact: E-mail at cbrown@cityofpella.com
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR to request reimbursement for any unpaid lines.

We recommend using the BEAR Online tool from the Apply Online area or Required Forms section of our website for additional submissions. If a new BEAR cannot be submitted before the invoice deadline passes, you or your customer may submit a request for a deadline extension. (See "Invoice Deadlines and Extension Requests" posted in the SLD section of our website for more information.)

Pursuant to the Federal Communication Commission's (FCC) Second Report and Order and Further Notice of Proposed Rulemaking (FCC 03-101, released April 29, 2003), you must remit the amount shown as "Total Amount of Reimbursement Approved for Payment" above to your customer no later than 20 days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to your customer (See BEAR Form, Block 4, Service Provider Acknowledgment).

The USAC check should be mailed to the service provider named above within 20 days of the date of this letter.

Schools and Libraries Division - Correspondence Unit
20 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685
Visit us online at: www.usac.org/sl

The maximum remaining amount available for each Funding Request Number (FRN) listed on the Report will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to your customer.

PLEASE NOTE: The type of invoice form (BEAR or SPI) for the funding year is established by the receipt and approval of the first invoice submitted for the FRN for the funding year. For example, if we successfully process a BEAR for an FRN, we will not approve a SPI for that same FRN at a later time.

Please see the Guide to Letter Reports posted on our website for an explanation of the items listed in the attached Report.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100.

Schools and Libraries Division
Universal Service Administrative Company

CC: PELLA PUBLIC LIBRARY

BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT

Form 471 Application Number: 944824
Funding Request Number: 2573116
Funding Year 2014: 07/01/2014 - 06/30/2015
Contract Number: MTM
Funding Commitment Decision: \$552.84
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Service Provider Not Certified;



FCC Form 472
**DO NOT STAPLE THIS
 FORM**

Do not write in this space.

Approved by OMB
 OMB Control No. 3060 - 0856
 Estimated time per Response: 1.0
 hours

Universal Service for Schools and Libraries

Please read instructions
 before completing.

(To be completed by schools,
 libraries, or consortia.)

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference) PPL_1415_resend_1	FCC Form 472 Invoice # (To be inserted by administrator) 2282547
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BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	PELLA PUBLIC LIBRARY
2. Billed Entity Number	131931
3. Service Provider Identification Number (SPIN)	143009917

4. Contact Name	Christopher Brown
5. Contact Telephone Number	641- 6284268 ext 15
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$552.84

Approved by OMB
OMB Control No.3060 - 0856
Estimated time per Response: 1.0 hours

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name PELLA PUBLIC LIBRARY Billed Entity Number 131931
Contact Name Christopher Brown Contact Telephone Number 641-628426815
Applicant Form Identifier PPL 1415 resend 1

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
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			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	944824	2573116		6/30/2015		\$1,105.68	50.00	\$552.84
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)								\$552.84

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name PELLA PUBLIC LIBRARY

Billed Entity Number 131931

Contact Name Christopher Brown

Applicant Form Identifier PPL 1415 resend 1

Block 3: Billed Entity Certification

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- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person **Signed electronically by**
CHRISTOPHER BROWN

16. Date **10/30/2015**

17. Printed name of authorized person **CHRISTOPHER BROWN**

18. Title or position of authorized person **ASSISTANT LIBRARY DIRECTOR**

19. Telephone number of authorized person **641- 6284268**

20. Address of authorized person **603 MAIN ST, PELLA IA 50219**

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name PELLA PUBLIC LIBRARY

Billed Entity Number 131931

Contact Name Christopher Brown

Applicant Form Identifier PPL 1415 resend 1

Block 4: Service Provider Acknowledgment

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21. Signature of authorized person (fax, copy or original signature)

22. Date

23. Printed name of authorized person

24. Title or position of authorized person

25. Telephone number of authorized person -

26. Address of authorized person

27. Applicant Remittance Information

Name **Christopher Brown**

Title **Assistant Library Director**

Street Address

603 Main St

Pella, IA 50219

Approved by OMB
OMB Control No.3060 - 0856
Estimated time per Response: 1.0 hours

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR FCC Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100



Universal Service Administrative Company

Schools and Libraries Division



Form 472 (BEAR) Notification Letter

November 12, 2015

Steve Norris
Local Internet Service Company
1680 Hwy 1 Ste 1500
Fairfield, IA 52556

Re: Invoice Number - as assigned by USAC: 2282547
Service Provider Identification Number: 143009917
Reimbursement Form Number: PPL_1415_resend_1
Billed Entity Number: 131931

Christopher Brown
PELLA PUBLIC LIBRARY
603 MAIN STREET
PELLA, IA 50219

Preferred Mode of Contact: E-mail at cbrown@cityofpella.com
Total Amount of Reimbursement Approved for Payment: \$0.00

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The USAC check should be mailed to the service provider named above within 20 days of the date of this letter.

Schools and Libraries Division - Correspondence Unit
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685
Visit us online at: www.usac.org/sl

The maximum remaining amount available for each Funding Request Number (FRN) listed on the Report will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to your customer.

PLEASE NOTE: The type of invoice form (BEAR or SPI) for the funding year is established by the receipt and approval of the first invoice submitted for the FRN for the funding year. For example, if we successfully process a BEAR for an FRN, we will not approve a SPI for that same FRN at a later time.

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Schools and Libraries Division
Universal Service Administrative Company

CC: PELLA PUBLIC LIBRARY

BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT

Form 471 Application Number: 944824
Funding Request Number: 2573116
Funding Year 2014: 07/01/2014 - 06/30/2015
Contract Number: MTM
Funding Commitment Decision: \$552.84
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Invoice Received Date [11/02/2015] Later Than;



